

# A review of tunneled indwelling catheter (PleurX) placement for management of malignant fluid collection in a tertiary hospital in Dublin

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## Introduction

PleurX catheters have been used for management and palliation of recurrent malignant fluid accumulation since 1997. Research supports their use with regards efficacy, complication rates, patient satisfaction and ease of management. Current research would suggest patients should have a prognosis of at least 6 weeks for insertion to be appropriate. NICE have developed guidelines for PleurX catheter use in malignant ascites. PleurX catheters have been in use in Tallaght hospital since 2014

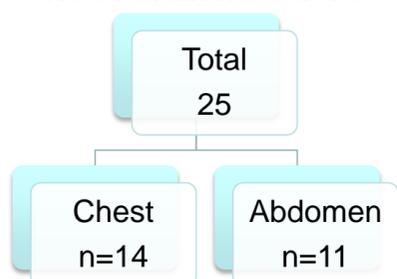
## Aims

To review our use of PleurX catheters since their introduction to Tallaght hospital  
Our objective was to use collected data to better improve patient selection for PleurX insertion over repeated procedures

## Methods

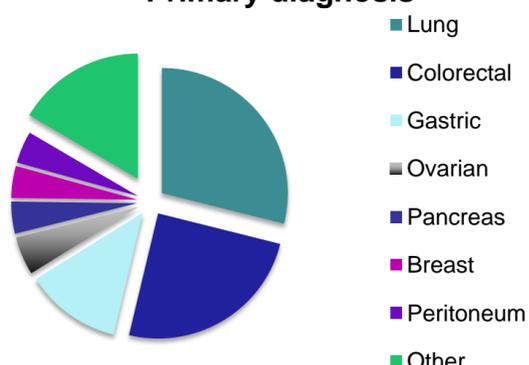
Radiology procedural books were reviewed to identify patients with PleurX insertion between December 2014 and December 2016  
A retrospective review was carried out on patients' charts to collate data for procedural outcomes, complications and patient reported outcome measures  
A descriptive analysis was carried out on the results

## No of drain insertions



Cohort Characteristics	n
Gender	
Female	11
Male	14
Age, years	
30-49	3
50-69	7
70-79	8
80-89	3
Known to Palliative Care at time of drain insertion	
Yes	20
No	5
Previous thoracocentesis	11
Previous paracentesis	6

## Primary diagnosis



## Results

There was a 100% technical insertion success rate

Mean length of hospital stay post-insertion was 4 days

2 drains removed due to drain site leak; 1 removed due to discomfort

Mean time post PleurX insertion to death was:

Chest- 62.5 days (range 9-157 days)  
Abdomen- 27 days (range 3-52 days)

7 patients (28%) died during the same admission as insertion of drain

13 patients did not require further admissions to hospital post-insertion

There was no standardised documentation of patient reported outcome measures

## Conclusions

Our data further supports the literature that PleurX insertion is safe and effective, can lead to fewer hospital readmissions and need for repeated procedures

Survival following chest PleurX drain insertion was in keeping with current literature and recommendations; however survival following abdominal PleurX insertion was shorter than shown by other institutions. We would therefore hypothesise that catheters are potentially being placed later in the course of disease than is considered best practice for patients with ascites

Further prospective data collection will be required to assess patient related outcome measures and symptom scores in order to best assess appropriate patient selection for PleurX catheter insertion

## References:

- Implantation of permanent pleural catheter for palliation of malignant pleural effusion. Meier et al; Cancer management and research; Nov 2016; Denmark
- Single Centre Experience With 250 Tunnelled Pleural Catheter Insertions for Malignant Pleural Effusion Tremblay et al; CHEST; 2006
- NICE 2012: The PleurX peritoneal catheter drainage system for vacuum-assisted drainage of treatment-resistant, recurrent malignant ascites